VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 13, 2017

Ms. Sonya Saltis, Manager
Saltis Home
1141 Main Street
Castleton, VT 05735-7713

Dear Ms. Saltis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 27, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0164	A. BUILDING: _____ B. WING _____	12/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALTIS HOME	1141 MAIN STREET CASTLETON, VT 05735

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted and completed by the Division of Licensing and Protection on December 27, 2016. The findings include the following:	R100		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the residential care home (RCH) failed to develop a current care plan for 1 of 3 residents sampled, (Resident # 1). For 2 of 3 residents reviewed (# 2 and # 3) the care plans are not signed by the registered nurse. The specifics are as follows: 1. Per medical record review for Resident #1 evidences resident state acquired assessment was completed by the Registered Nurse (RN) on 5/24/16. The last care plan update was conducted by the RN on 7/7/15. Confirmation was made by the Owner/Manager at 12:30 PM that the care plan has not been updated since July 2015.	R145	The nurse and the manager will fill out enclosed form monthly. We filled out the form on 1/3/17 and made sure all Care plans are updated. 1/10/17 Sonya Saltis	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

R145 - R247 POCs accepted 1/12/17 MBertrand RN/PMA

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R145	Continued From page 1 2. Per medical record review, Resident # 2 and # 3 both had annual updated care plans date 5/24/2016 and 5/25/2016 that were not signed by the Registered Nurse. This is confirmed during interview with the owner at 1:00 PM.	R145		
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the residential care home (RCH) failed to label dry foods that were opened and being used for residents. The home further failed to maintain temperature logs for any of the refrigerators or freezers used to store food. The specifics are as follows: During the initial tour of the kitchen and storage areas at 10:10 am, on 12/27/2016, the RCH had 2 containers of cereal and 1 container of oatmeal without dates on them. This was confirmed during interview with both the cook and the owner of the home. There are no temperature logs maintained for the 3 refrigerators/ freezers. Both staff indicate that the thermometers are looked at frequently but there is no documentation to support that temperatures remain in the required ranges.	R247	I spent 3 days going through all food and drink in the home. Checking for dates- marking anything open. I put up three clipboards with sheets next to each fridge/freezer to be fill out weekly. All corrected 1/10/17. Manager will take responsibility nothing will go unmarked again Sonya Saltis I will use sheets to monitor it is done weekly.	

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R247	Continued From page 2 (These are repeat citations from the previous relicnesure survey in 2014)	R247		

Saltis Home
Food Storage Policies
Check Refrigerators and Freezer Temp

Check Temperature of Refrigerators and Freezers Each Day.
Circle that you checked and initial that temperatures were within recommended temperature. At or below 40 degrees Fahrenheit for Refrigerators.

All Food must be marked when opened of the date opened. Any loose food must be stored in a closed container and marked when opened.

The manager will go through food weekly to double check expiration dates.

All staff must check dates before serving food. Dispense any food that is of any question of expiration date or has expired.

Dates/ Circle and Initial. Any issues call manager immediately.

1	6	11	16	21	26	31
2	7	12	17	22	27	
3	8	13	18	23	28	
4	9	14	19	24	29	
5	10	15	20	25	30	

This sheet will be stored in the kitchen on a clipboard.